

MONTHLY IRRIGATION SCHEDULE



Plan Review Number: _____

Project Name: _____

Project Address: _____

Prepared by: _____

Name

License No.

Address

Telephone

Date Prepared

Schedule

Valve or Station Number (A)	Plant Type (B)	Irrigation Type (C)	Flow Rate (D)	Precip Rate (E)	Initial Plant Establishment Period (4months)				Following One-Year Period (12 months)											
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				

Note: This irrigation schedule should be used as a guide. The landscaping should be monitored regularly and the schedule adjusted as needed for plant growth, local rainfall, and climatic conditions. Check irrigation system frequently to minimize runoff and overspray.

Contact Info: Kim Singleton

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